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Philip S. Dallosto
Senior Attorney and
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11693

June 7, 1988

Ms. Susan Swales 5HE-12
U.S. EPA - Region V
Waste Management Division
CERCLA Enforcement Section
230 South Dearborn Street
Chicago, IL 60604

Re: Ninth Avenue Dump, Gary, Indiana
U.S. Scrap, Chicago, Illinois

Dear Ms. Swales:

Attached please find Illinois Tool Works Inc.'s response to the information request submitted by USEPA with respect to the aforementioned sites.

We apologize for our delay in responding to your information request.

Very truly yours,

Philip S. Dallosto

PSD:mel

Enc.

RECEIVED
JUN 10 1988
U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

ANSWERS TO INFORMATION REQUEST

QUESTION 1

Identify all persons, including yourself, who may have arranged for disposal or treatment or arranged for transportation for disposal or treatment of waste materials, including hazardous substances, at the Sites or to the Sites, or who may have arranged for disposal through any of the following persons or organizations: 1) Steve Martell, 2) U.S. Scrap Corp., 3) Liquid Engineering, 4) U.S. Drum Corp., 5) U.S. Drum Disposal, 6) David Head. In addition, identify the following:

- a. The persons with whom you or such other person made such arrangements;
- b. Every date on which such arrangements took place;
- c. For each transaction, the nature of the waste material or hazardous substance, including the chemical content, characteristics, physical state (e.g., solid, liquid), and the process for which the substance was used or the process which generated the substance;
- d. The owner of the waste materials or hazardous substances so accepted or transported;
- e. The quantity of the waste materials or hazardous substances involved (weight or volume) in each transaction and the total quantity for all transactions;
- f. All tests, analyses, and analytical results concerning the waste materials;
- g. The person(s) who selected the Sites as the place to which the waste materials or hazardous substances were to be transported;
- h. The amount paid in connection with each transaction, the method of payment, and the identity of the person from whom payment was received;
- i. Where the person identified in g., above, intended to have such hazardous substances or waste materials transported and all evidence of this intent;
- j. Whether the waste materials or hazardous substances involved in each transaction were transhipped through, or were stored or held at, any intermediate site prior to final treatment or disposal;

- k. What was actually done to the waste materials or hazardous substances once they were brought to the Sites;
- l. The final disposition of each of the waste materials or hazardous substances involved in such transactions.

ANSWER

Illinois Tool Works Inc. has not discovered any independent information, written or oral, that would substantiate its involvement at either the Ninth Avenue site in Gary, Indiana or the U.S. Scrap site in Chicago, Illinois. Illinois Tool Works Inc. will continue its investigation and will supplement its answer to this question with any additional information it may learn that is responsive to the question.

QUESTION 2

Provide copies of all shipping documents, or other business documents including receipts relating to the transportation, storage and/or disposal of waste material at the above referenced Sites or with the following businesses and persons:

U.S. Scrap Corp.
Liquid Engineering
U.S. Drum Corp.
U.S. Drum Disposal
Steve Martell
David Head

ANSWER

See answer to Question Number 1 above.

QUESTION 3

Provide a list and description of all liability insurance coverage that is or was carried by you, including any self-insurance provisions that related to hazardous substances and/or the Sites identified above:

The relevant time period for this information is 1965 to 1977, inclusive.

ANSWER

During the period of January 1, 1965 to January 1, 1978, Illinois Tool Works Inc. purchased primary and excess liability insurance from various insurance companies. All of the policies were issued with conventional I.S.O. forms generally in use by the insurance industry at that time.

A summary of insurance carriers and policy limits is included with this material.

ILLINOIS TOOL WORKS INC.

SUMMARY OF INSURANCE

11/1/64 TO 11/1/65	Primary Excess	Aetna Casualty & Surety Lloyds	300,000 BI/100,000 PD 3 million excess of primary
11/1/65 to 1/1/66	Primary Excess	Aetna Casualty & Surety Lloyds	300,000 BI/100,000 PD 3 million excess of primary
1/1/66 to 1/1/67	Primary Excess	Aetna Casualty & Surety Aetna Casualty & Surety	300,000 BI/100,000 PD 5 million excess of primary
1/1/67 to 1/1/68	Primary Excess	Aetna Casualty & Surety Aetna Casualty & Surety	300,000 BI/100,000 PD 5 million excess of primary
1/1/68 to 1/1/69	Primary Excess	Aetna Casualty & Surety Aetna Casualty & Surety	1 million BI and PD 5 million excess of primary
1/1/69 to 1/1/70	Primary Excess	Aetna Casualty & Surety Employers	300,000 BI/1,000,000 PD 10 million excess of primary
1/1/70 to 1/1/71	Primary Excess	Aetna Casualty & Surety Employers	300,000 BI/1,000,000 PD 10 million excess of primary
1/1/71 to 1/1/72	Primary Excess	Aetna Casualty & Surety Employers	300,000 BI/1,000,000 PD 10 million excess of primary
8/9/71 to 1/1/72	Excess	Employers	Additional 10 million excess
1/1/72 to 8/15/74	Primary Excess	Insurance Company of N.A. Midland and various other companies	250,000 BI/1,000,000 PD 50 million excess of primary
	Primary	Insurance Company of N.A.	250,000 BI/1,000,000 PD
8/15/74 to 1/1/75	Primary Excess	Insurance Company of N.A. Home Insurance and various other companies	250,000 BI/1,000,000 PD 50 million excess of primary
1/1/75 to 2/1/76	Primary Excess	Insurance Company of N.A. Home Insurance and various other companies	250,000 BI/1,000,000 PD 50 million excess of primary
2/1/76 to 2/1/78	Primary Buffer Excess	Travelers Columbia Casualty Home Insurance and various other companies	500,000 BI and PD 500,000 BI and PD 50 million excess of primary

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QUESTIONS? CALL 800-238-5355 TOLL FREE.**PACKAGE**
TRACKING NUMBER**8471506875**

3112M

8471506875**RECIPIENT'S COPY**

Date 6/7/88			
From (Your Name) Please Print PHILIP S. DALLOSTO		Your Phone Number (Very Important) (312) 693-3040	
Company ILLINOIS TOOL WORKS		Department/Floor No.	
Street Address 3501 W HIGGINS			
City CHICAGO	State IL	ZIP Required 60604	
To (Recipient's Name) Please Print SUSAN SWALES SHE-12		Recipient's Phone Number (Very Important)	
Company U.S. EPA REGION V - WASTE MGT. DIVN.		Department/Floor No.	
Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. * Zip Codes.) 230 SOUTH DEARBORN CERCLA OFFICE			
City CHICAGO	State IL	ZIP Required 60604	

YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.) 86Z492		IF HOLD FOR PICK-UP, Print FEDEX Address Here	
PAYMENT <input checked="" type="checkbox"/> Bill Sender <input type="checkbox"/> Bill Recipient's FedEx Acct No. <input type="checkbox"/> Bill 3rd Party FedEx Acct No. <input type="checkbox"/> Bill Credit Card		Street Address	
<input type="checkbox"/> Cash		City State ZIP Required	

SERVICES		DELIVERY AND SPECIAL HANDLING		PACKAGES	WEIGHT	YOUR DECLARED VALUE	Emp. No.	Date	Base Charges
1 <input type="checkbox"/> PRIORITY 1 Overnight Delivery	6 <input checked="" type="checkbox"/> OVERNIGHT LETTER	1 <input type="checkbox"/> HOLD FOR PICK-UP (Fall in Box H)					<input type="checkbox"/> Cash Received		
2 <input type="checkbox"/> COURIER-PAK OVERNIGHT ENVELOPE*	7 <input type="checkbox"/>	2 <input checked="" type="checkbox"/> DELIVER WEEKDAY					<input type="checkbox"/> Return Shipment		
3 <input type="checkbox"/> OVERNIGHT BOX	8 <input type="checkbox"/>	3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge)					<input type="checkbox"/> Third Party <input type="checkbox"/> Chg To Del. <input type="checkbox"/> Chg To Hold		
4 <input type="checkbox"/> OVERNIGHT TUBE	9 <input type="checkbox"/>	4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge)					Street Address		
5 <input type="checkbox"/> STANDARD AIR Delivery not later than second business day	10 <input type="checkbox"/>	5 <input type="checkbox"/> CONSTANT SURVEILLANCE SERVICE (CSS) (Extra charge) (Please Sign Signature Not Applicable)	Total	Total	Total		City State Zip		
		6 <input type="checkbox"/> DRY ICE _____ Lbs.					Received By: X		
		7 <input type="checkbox"/> OTHER SPECIAL SERVICE _____					Date/Time Received	FedEx Employee Number	
		8 <input type="checkbox"/>							
		9 <input type="checkbox"/> SATURDAY PICK-UP (If offered)							
		10 <input type="checkbox"/>							
		11 <input type="checkbox"/>							
		12 <input type="checkbox"/> HOLIDAY DELIVERY (If offered)							

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

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